

02-19-04

2682/8

PTO/SB/21 (08-00)

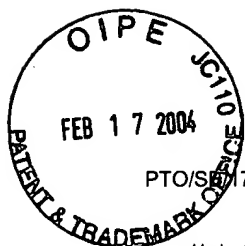
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TRANSMITTAL FORM		Application Number	
(to be used for all correspondence after initial filing)		09/691,634	
		Filing Date	
		October 18, 2000	
		First Named Inventor	
		Shervin Moloud	
Group Art Unit		2682	
Examiner Name		Marceau Milord	
Attorney Docket Number		15265US01	
Total Number of Pages in This Submission			
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Assignment Papers (for an Application)	
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Drawing(s) (sheets)	
<input type="checkbox"/> Amendment/Reply		<input type="checkbox"/> Licensing-related Papers	
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition	
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Petition to Convert to a Provisional Application	
<input type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> PTO 1449/08A with 19 references		<input type="checkbox"/> CD Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)			
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	McAndrews Held & Malloy, Ltd.		
Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>		Date: February 17, 2004
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PTO/SF 17 (11-00)

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FEE TRANSMITTAL for FY 2004 Patent Fees are subject to annual revision.		Complete if Known	
		Application Number	09/691,634
		Filing Date	October 18, 2000
		First Named Inventor	Shervin Moloudi
		Examiner Name	Marceau Milord
TOTAL AMOUNT OF PAYMENT (\$180.00)		Group Art Unit	2682
		Attorney Docket No.	15265US01

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METHOD OF PAYMENT		FEE CALCULATION (continued)																													
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES																													
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		FEB 25 2004 Technology Center 2600																													
FEE CALCULATION																															
1. BASIC FILING FEE																															
<table border="1"><thead><tr><th>Large Entity Fee Code</th><th>Small Entity Fee Code</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td><td>Utility filing Fee</td><td></td></tr><tr><td>1002 340</td><td>2002 170</td><td>Design filing Fee</td><td></td></tr><tr><td>1003 530</td><td>2003 265</td><td>Plant filing fee</td><td></td></tr><tr><td>1004 770</td><td>2004 385</td><td>Reissue filing fee</td><td></td></tr><tr><td>1005 160</td><td>2005 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="3">SUBTOTAL (1) (\$)</td><td></td></tr></tbody></table>		Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid	1001 770	2001 385	Utility filing Fee		1002 340	2002 170	Design filing Fee		1003 530	2003 265	Plant filing fee		1004 770	2004 385	Reissue filing fee		1005 160	2005 80	Provisional filing fee		SUBTOTAL (1) (\$)					
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2. EXTRA CLAIM FEES																															
<table border="1"><thead><tr><th>Total Claims</th><th>Extra Claims</th><th>Fee from below</th><th>Fee Paid</th></tr></thead><tbody><tr><td>20** =</td><td>x</td><td>=</td><td></td></tr><tr><td>Independent Claims 3** =</td><td>x</td><td>=</td><td></td></tr><tr><td>Multiple Dependent</td><td></td><td>=</td><td></td></tr></tbody></table>		Total Claims	Extra Claims	Fee from below	Fee Paid	20** =	x	=		Independent Claims 3** =	x	=		Multiple Dependent		=															
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*or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid																													
		SUBTOTAL (3) (\$180.00)																													

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636
Telephone	312-775-8084	Date	February 17, 2004
Signature	<i>Michael T. Cruz</i>		

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